



FARJAMI & FARJAMI LLP

AN INTELLECTUAL PROPERTY LAW FIRM

www.farjami.com

RECEIVED
CENTRAL FAX CENTER

APR 15 2004

OFFICIAL

26522 La Alameda Avenue, Suite 360
Mission Viejo, California 92691
tel: (949) 282-1000
fax: (949) 282-1002

FACSIMILE TRANSMISSION COVER SHEET

Date: April 15, 2004

To: Examiner Ha T. Nguyent, Art Unit 2812

Fax: (703) 872-9306

Re: Application Serial No.: 10/025,438

Filing Date: 12/19/2001; Inventor(s): Siamak Fazelpour
Attorney Docket No.: 01CON272P

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 21

Message:

Enclosed please find the Amendment and Response to the Office Action dated November 24, 2003. Payment for the Second Month Extension Fee in the amount of \$420.00 is hereby enclosed on Form PTO-2038.

Thank you.

RECEIVED
APR 15 2004
SUSAN / JONES
U.S. PATENT AND TRADEMARK OFFICE

The documents accompanying this facsimile contain PRIVILEGED AND CONFIDENTIAL information intended only for use of the individual or entity named above. If you are not the intended recipient, disclosure, copying, distribution or use of the contents of this facsimile information is prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via U.S. Postal Service. We will reimburse you for all expenses incurred.



Attorney Docket No.: 01CON272P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Fazelpour, SiamakSERIAL NO.: 10/025,438 FILED: December 19, 2001FOR: Method for Integrating Passives On-Die Utilizing Under Bump Metal and Related StructureHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.
 The fee has been calculated as shown below:

<input checked="" type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small Entity	FEE
<u>FIRST MONTH AFTER TIME PERIOD SET</u>	110.00	55.00	\$
<u>SECOND MONTH AFTER TIME PERIOD SET</u>	420.00	210.00	\$ 420.00
<u>THIRD MONTH AFTER TIME PERIOD SET</u>	950.00	475.00	\$
<u>FOURTH MONTH AFTER TIME PERIOD SET</u>	1,480.00	740.00	\$

TOTAL EXTENSION FEE \$ 420.00
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
<u>TOTAL CLAIMS</u>	30	MINUS **32	* = 0	x 18	x 9	\$
<u>INDEPENDENT</u>	2	MINUS ***3	* = 0	x 86	x 43	\$

First presentation of multiple dependent claim

+ 290	+ 145	\$
-------	-------	----

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

04/19/2004 AWONDAF1 00000022 10025438

01 FC:1252

420.00 OP

Attorney Docket No.: 01CON272P

Total fee for Supplemental Information Disclosure Statement \$

Enclosed is the total fee of \$ 420.00 (Payment by Credit Card, Form PTO-2038 Enclosed).

Please charge Deposit Account No. 50-0731 in the amount of \$

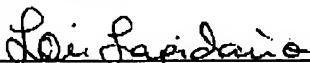
The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 4/15/04By: 
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

4/15/04

Date



Signature

Lori Lapidario

Name of Person Performing Facsimile Transmission

Michael Farjami, Esq.
Farjami & Farjami LLP
26522 La Alameda Ave., Suite 360
Mission Viejo, CA 92618
(949) 282-1000

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date

Signature

Typed or Printed Name of Person Mailing Paper and/or Fee



Attorney Docket No.: 01CON272P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Fazelpour, Siamak

SERIAL NO.: 10/025,438 FILED: December 19, 2001

FOR: Method for Integrating Passives On-Die Utilizing Under Bump Metal and Related Structure

HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.
 The fee has been calculated as shown below:

EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$ 420.00
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

TOTAL EXTENSION FEE \$ 420.00
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	30	MINUS **32	* = 0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 01CON272P

Total fee for Supplemental Information Disclosure Statement \$

Enclosed is the total fee of \$ 420.00 (Payment by Credit Card, Form PTO-2038 Enclosed).

Please charge Deposit Account No. 50-0731 in the amount of \$

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 4/15/04

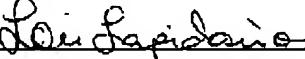
By:


Michael Farjami, Reg. No. 38,135**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

4/15/04

Date



Signature

Lori Lapidario

Name of Person Performing Facsimile Transmission

Michael Farjami, Esq.
Farjami & Farjami LLP
26522 La Alameda Ave., Suite 360
Mission Viejo, CA 92618
(949) 282-1000

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date

Signature

Typed or Printed Name of Person Mailing Paper and/or Fee